

## July 2015 Newsletter

Providing a supportive and informative environment for people with a variety of lung conditions and their carers.

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**Next Meeting:** Thursday 9 July 2015  
10:15 am - 12 noon  
**The Burns Club**  
8 Kett Street Kambah ACT 2902

**Guest Speaker:** Holly Smith, dietician

### Dates for your diary

Wednesday 22 July 2015 Mid-winter Luncheon, Canberra Irish Club, 12 noon for 12.30 pm  
Thursday 13 August 2015 Lung Life Meeting, The Burns Club, 10:15 am - 12 noon

### June Meeting

**Helen Cotter**

As the Burns Club is still undergoing renovations, the meeting was held at a long table in the Bistro – not the ideal situation but perfectly satisfactory until close to lunch time when the diners started to walk past us.

### Deliberations:

- The fish'n chips lunch at the Southern Cross Yacht Club was well attended with about 10 people enjoying their meal outdoors as the marquee was being used for a wake. It was sunny but cold and consequently people left early.
- Pam has organised our mid-winter lunch at the Irish Club on Wednesday 22 July, 12 noon for 12.30. The cost will be about \$25.
- We welcomed Carolyn Dalton as co-co-ordinator with Margaret and as membership co-ordinator. All membership information and queries now go to Carolyn.
- Wyn Thomas has joined Helen Reynolds as our representatives on the Lung Foundation's teleconference group, comprised of members from each State and Territory. They get together every two months for an Australia-wide discussion, looking at different issues affecting those with chronic lung conditions. This lets the Lung Foundation know what our issues are and so gives the Foundation the opportunity to look into these aspects.



- Esther organised a Lucky Number draw and made \$100 to go to our group – a welcome addition to the coffers. Wyn and Pat Westerberg were the happy recipients of the Lucky Number prizes.

## Guest Speaker

Chris Moyle

**Dr Nicole Freene (PhD)**, Clinical Assistant Professor in Discipline of Physiotherapy at University of Canberra has worked for 18 years in cardio-pulmonary rehabilitation and currently works as a physiotherapy instructor. She did her PhD in an area she is really passionate about, namely physical exercise and it was to the benefits of physical activity that she spoke.

### The benefits of physical activity are:

- improved physical performance with improved exercise tolerance and endurance, decreased symptoms such as shortness of breath, improved muscular strength, flexibility, coordination and bone density.
- with exercise lungs expand and take in more oxygen. Also opening up the airways helps to move mucous.
- improved psychological functioning, with absolutely decreased anxiety and depression and increased relaxation and improved sleep patterns.
- improved social adaptation and functioning – increased self confidence.
- improvement of risk factors for heart disease – decreases total cholesterol and blood pressure plus weight management. Exercise helps the heart muscle become stronger.
- management of arthritis – move it or lose it.
- prevention of stroke, colon cancer, type 2 diabetes, falls, osteoporosis, hospitalisations and any cause of death. People in hospital are more likely to have better outcomes because they are more likely to get better.



Regular exercise enables you to become more efficient at what you do. It means you can do more work with less effort. Becoming more efficient with cardio-pulmonary rehabilitation means you delay the onset of symptoms and have a better quality of life.

A bit out of our league, physically, but we can remember or imagine. And that exercises our grey matter, which is a good thing, too.

### What is “active enough”???

Approximately 40% of all Australian adults are not active enough. In those with COPD a higher percentage are not “active enough”(possibly double), spending 25% more time sitting and 200% more time lying down compared to healthy adults the same age.

### Physical activity & sedentary behaviour (sitting down) guidelines (2014):

- accumulate two and a half to five hours of moderate intensity physical activity **plus** one and a quarter to two and a half hours of vigorous activities each week
- do muscle strengthening activities on at least two days each week
- minimise the amount of time spent in prolonged sitting
- break up long periods of sitting as often as possible (stand up every 30 minutes)

### How do we do physical activity?

#### TYPE

Walking or any common physical activity whether it is sport, social activities eg: dancing, work, housework or gardening. Consider the time of day and what is available; enjoyment factor; try different activities and exercising with friends, joining community groups.

## INTENSITY

Moderate intensity means you are able to speak in full sentences but are not able to sing.

## DURATION & FREQUENCY

Greater than thirty minutes, most days, throughout life. Thirty minutes can be accumulated in ten minute blocks.

## MONITOR INTENSITY

Stop exercising if you experience chest pain/angina, severe shortness of breath, palpitations, dizziness or feeling faint or excessive perspiration.

## PROGRESSION

Increase time, distance, pace, repetitions, difficulty when you feel able to do so, responsibly. Set a **goal**, which is **realistic and achievable**.

Don't forget to **WARM UP and COOL DOWN**. Five minutes is usually enough.



This might not be out of the league of those who have exercised all their life. But, did they know all that time just how important exercise would be in their later life?

## SAFETY MEASURES

- Wear comfortable clothing and footwear.
- Drink plenty of water before, during and after exercise.
- Don't exercise straight after heavy meals. Allow one to two hours after eating.
- Don't exercise if you have a fever or are unwell.
- Don't exercise in extreme temperatures.

**REMEMBER...any physical activity is better than none...MOVE MORE – SIT LESS**

DR PHIL. "Life rewards action"



## Mid Winter Lunch

Wednesday 22 July, 12 noon for  
12.30 pm

Canberra Irish Club  
6 Parkinson St, Weston

Cost: approx. \$25

RSVP Pam Harris 02 6288 2053

*Remember: if you have booked in but find that you cannot attend, please let Pam know as early as possible as the meal needs to be paid for if it's not cancelled.*

# THE A-Z OF PREVENTATIVE MEDICINE

Chris Moyle

## Management of medications.

It is essential that you take your medications as instructed by your doctor, even when you feel well. When you take medication as prescribed, you may be able to better manage your COPD. Although medications cannot cure COPD, when used as instructed they can go a long way towards reducing your symptoms and preventing flare-ups. Learn how your medications work. This will help you understand why you need to take them. If you are worried or confused about your medications and how to take them, talk to your doctor, pharmacist and nurse. Do not be afraid to ask questions. (From "COPD – A Patient Information Booklet" Canberra Hospital and Health Services)

## Self Management Course.

You can participate in a six week self-management course titled "Living a Healthy Life with Long-Term Conditions" which can assist you in managing your condition. The course is also open to carers and is taught by a health professional and a person who has a chronic illness. The course leaders teach strategies to assist with symptom management, action planning and problem solving. To register for a free course contact Community Health Intake on 02 6207 9977.

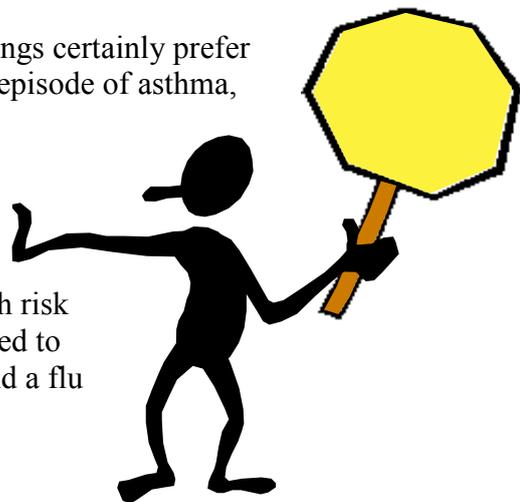
## Excerpt from article in The Chronicle, 16 June 2015.

### Rise in serious asthma attacks as temperatures drop.

A spike in asthma hospitalisations has prompted doctors to warn Canberra sufferers to be extra vigilant as temperatures plummet. Cold, dry winter weather is blamed for four out of five asthma flare-ups or attacks across the country. Canberra Hospital's Director of Respiratory and Sleep Medicine, Dr Mark Hurwitz, said he noticed an impact on patients during a period of extremely cold nights.

"Asthmatic airways are very sensitive to cold air. The lungs certainly prefer warm humidified air.... cold air can precipitate an acute episode of asthma, particularly with exertion," he said.

According to the National Asthma Council Australia, senior citizens are most at risk of hospitalisation. The Council said there were higher death rates in winter for older asthmatics while May and late winter were high risk periods for people aged 35 to 64. Asthma sufferers needed to prepare for winter by visiting their GP for a check-up and a flu vaccination. They should also take prescribed preventer medicine and follow their written asthma action plan



## Education Day Continued ACT Chronic Conditions Strategy



Paul Dugdale

**Paul Dugdale**, Associate Professor of Public Health, Director of Chronic Disease Management (ACT Health-Medicine-Senior Staff Specialist) and Director, Centre for Health Stewardship (ANU-Medicine, Biology and Environment) and member of the ACT Chronic Conditions Strategy Committee presented on the work of the Committee which is responsible for the planning, implementation and evaluation of services in the ACT. Its work involves extensive consultation with health clinicians, carers, policy makers, support/advocacy groups and those who are living with a chronic condition. Paul considers himself to be a reformer and health service builder.

Paul says, “One of the things which needs to be changed in our community is “the patients versus the health professionals”. There is a growing proportion of people over 90 and we are starting to prepare for that. Older people are going to be different from what they are now. Every generation is different, with different levels of education. Baby boomers (the oldest turning 69 - 70 this year) are just starting to retire. They’ve grown up after the war, in peace time. The 1960s was a time of social revolution. People could demonstrate in the streets and they didn’t have to go to war. There was also a sexual revolution.

“Baby boomers will revolutionise aged care. Now you are expecting a higher level of care. We need to look after each other and we want our health to support us. The reality is we are all going to be sick and we have to talk about it. We get sick from (a) surviving and getting older, and (b) inherited genes from our family.

“I did research a few years ago on time and chronic disease. People who work in health continually tell you how to use your time. The more chronic illnesses you get - things take a little longer and you have got less time to spare. The health system tells you to use more of your time in management of your disease.



“There are going to be changes in health care, with more people-centred care. This means the patient can decide what they want and what they don’t want to spend their time on. The attitudinal shifts in the Health Industry are slow to happen and community groups such as Lung Life are really going to be part of driving them.”

**One questioner** asked why there is a difference in treatment times between Private Health Insurance and public. One part of the answer was that there is an erosion of the public (Medicare) insurance. The other part was that the hospitals are funded differently: hospitals are funded with global budgets: the private hospital is funded at the end of the year and is uncapped – ie the amount it receives depends on the amount of work it does; the public hospital is funded at the beginning of the year with a capped funding so its work has to fit the funding. A shift to uncapped funding is coming in and should be implemented by 2017. Activity based funding allows hospitals to plan for operations.

**A second question** concerned the integration of psychiatric with physical under chronic disease management programs. The response was that they are being integrated to a certain extent eg some psychiatric medicines can cause obesity; the chronic care team are working closely with mental health to deal with this issue. They are also working closely to help develop a better life style for those with a behavioural problem.

**A third question** had two aspects: the cleanliness of hospitals and the lack of continuity in nursing staff. Paul Dugdale pointed out that hospitals were clean but there is a higher rate of infection because of the higher number of germs in the hospital, both from sick people and from visitors. The heavy use of antibiotics has resulted in a greater number of resistant bugs found in the hospital. The hospital is being more cautious in its use of antibiotics these days.

On the matter of the staffing, he explained there is an increasing use of casual staff and that this will continue. Casual staff are generally rotated around the various departments in the hospital. Paul Dugdale would like to see them continue with the same department in order to provide continuity.

Paul Dugdale agreed with **the final question**, E Health has been very slow to develop. There have been problems but efforts continue to be made to iron these out.

**A handy hint following on from the talk given by Beth Forbes at the last meeting:**

*When I spoke at the last Lung Life meeting, one of the members had a question regarding a dry mouth and what could help with this. I spoke about the usual solutions such as artificial saliva, chewing gum or boiled lollies, sucking on ice, speaking to the GP as some medications can cause a dry mouth but there is another solution I have come across recently which I thought I would share. Swirling a couple of drops of olive oil around the mouth helps to coat and lubricate the mouth and stops the feeling of dryness.*

*Many thanks,  
Beth*

**Plea to save ED for emergencies  
Canberra Weekly of 18 June 2015**

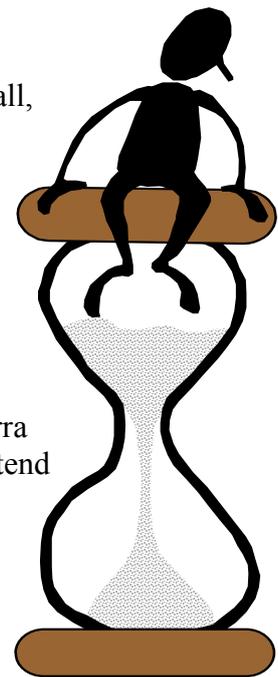
Clinical Director of Canberra Hospital Emergency Department, Dr Michael Hall, said, "in the first 10 days of June 2015 we have already seen 2,086 people present to the ED for treatment. This equates to almost 210 presentations daily".

ACT Health is encouraging people with non-life or non-limb threatening injuries to use alternative services such as community pharmacists, healthdirect, walk-in centres, GP surgeries, CALMS or the National Home Doctor Service.

"Information about the current level of activity in both the Calvary and Canberra Hospital ED is available at [www.health.act.gov.au](http://www.health.act.gov.au). People who still wish to attend the ED are encouraged to view this information prior to attending, particularly as waiting times may be longer than desirable," Dr Hall said.

"Of course, if you are seriously ill with a genuine medical emergency, you should always call 000 or seek treatment through the ED."

**Editor's note:** In other words, do your best to stay well so you don't need hospital.



**Health infrastructure update**

**Courtesy Bus Service for The Canberra Hospital Campus**

A new courtesy bus service across the Canberra Hospital campus began as of the 4 June 2015. The service will be free to use and is provided to transport patients, visitors and staff across the hospital campus.

The bus loop has stops located at the front entrance, Emergency Department, Cancer Centre, main car park and women's and children's hospital as you can see in the map below. The 15 seater bus is equipped with a wheelchair hoist at the rear, providing accessible accesses to almost all stops.

The Canberra Hospital Courtesy Bus will operate on a continuous loop of the campus between 8am to 5pm Monday to Friday. Each stop is sign posted at the location of pick up and drop off. For more information, such as a detailed map of the bus stops, go to <http://www.health.act.gov.au/our-services/canberra-hospital-campus/courtesy-bus>. Further Information about The Canberra Hospital Courtesy Bus is available from ACT Health's Parking Operations on 02 62442479 or 02 62442669, or by emailing: [TCHParkingOps@act.gov.au](mailto:TCHParkingOps@act.gov.au).

Source: <http://www.health.act.gov.au/our-services/canberra-hospital-campus/courtesy-bus>